

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>04/15/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>12</i>	<i>1/25</i>
FORMALITY REVIEW		<i>71634</i>	<i>6/14/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
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6	✓	✓	
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8	✓	✓	
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14	✓	✓	
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20	✓	✓	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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